

# Smart Corporation Medical Record Copying

Dear Requestor:

The enclosed medical records were provided to you free of charge by Smart Corporation's Medical Correspondence Copy Service. We are under agreement with this medical facility to copy all authorized release of medical records. Smart will continue to copy your requests directed to this facility or, if you prefer, you may make arrangements for one of your own personnel or an independent copy service to copy the requested records.

Should you have any questions regarding these records, please contact Smart Corporation's Area Office listed below:

Smart Corporation  
Area Office  
2245 Gilbert Avenue, Suite #303  
Cincinnati, OH 45206  
(513) 861-2377

These photocopies have been made from the medical facility's original medical records. The confidentiality of these records is protected by Federal and other law. These copies are intended exclusively for the requested purpose and cannot be recopied or redistributed for other purposes without the written informed consent of the person to whom it pertains.

- ( ) The \_\_\_\_\_ information you requested is not enclosed because it was not present in the medical record at the time we received your request.
- ( ) These records were reproduced from microfilm; their quality cannot be guaranteed.
- ( ) Your request for an itemized billing statement/x-ray films was forwarded to the appropriate department and will be sent under separate cover from that department.

Other: \_\_\_\_\_

<p><i>If you are interested in obtaining information about <b>Smart Corporation's</b> <b>FREE</b> <b>MEDICAL RECORD COPYING SERVICE</b> for your medical facility, please complete the following and mail to:</i></p> <p><b>Smart Corporation</b> <b>P.O. Box 2826</b> <b>Torrance, CA 90509-9914</b> <b>ATTN: JOHN A. SMART-</b></p>	Your Name _____
	Title _____
	Facility Name _____
	Phone Number _____
	Address _____
	City _____ State _____
	Zip _____ # of Physicians _____
	Specialty _____
	# of Beds _____ # of Admits _____

**CENTRAL PSYCHIATRIC CLINIC**  
**COMMUNITY DIAGNOSTIC AND TREATMENT CENTER**  
 909 Sycamore Street, Suites 300 and 400, Cincinnati, OH 45202  
 513-651-9300

I, the undersigned, hereby authorize the Community Diagnostic and Treatment Center to release/obtain information from records pertaining to the person named below to/from the agency/person indicated. This authorization includes release of information concerning evaluation/treatment of drug or alcohol abuse, drug-related conditions, alcoholism, psychiatric/psychological conditions, Acquired Immune Deficiency Syndrome (AIDS), AIDS-Related Complex (ARC), and/or tests for antibodies to the AIDS virus (HIV). All matters pertaining to client records are considered privileged and confidential and are treated as such by the employees of the program. Information regarding such matters cannot be given without the consent of the client. **PROHIBITION ON REDISCLOSURE:** Information disclosed or requested from records whose confidentiality is protected by Federal or State Law, may not be disclosed without the specific written consent of the person to whom it pertains.

AGENCY/PERSON Children's Hospital Attn: Records  
 ADDRESS Elland & Bethesda Ave.; 45229-2899

PURPOSE/NEED FOR DISCLOSURE of information between Community Diagnostic and Treatment Center and the agency/person named above: Aid in court-ordered evaluation/treatment of the person named below. OR

Please send the following information immediately.  
 The following information may be released or reviewed:

- |  |  |
|--|--|
| <input type="checkbox"/> Discharge Summary                               | <input checked="" type="checkbox"/> Reports of Tests or X-rays |
| <input checked="" type="checkbox"/> Face Sheet with Final Diagnosis      | <input checked="" type="checkbox"/> Emergency Treatment(s)     |
| <input checked="" type="checkbox"/> Complications & Operative Procedures | <input checked="" type="checkbox"/> Outpatient Clinic Notes    |
| <input checked="" type="checkbox"/> History and Physical                 | Specify Clinic: _____  |
| <input checked="" type="checkbox"/> Consultative Report(s)               | <input type="checkbox"/> Other _____                           |
| <input checked="" type="checkbox"/> Inpatient                            | <input type="checkbox"/> Outpatient                            |
|  | <input checked="" type="checkbox"/> Emergency Department       |

This Authorization for Release of Information may be revoked by me at any time with written notice to the parties involved, except to the extent action has been taken prior to revocation. This Authorization for Release of Information will expire ninety (90) days after date below, or sooner by my choice, in which case this consent will expire on \_\_\_\_\_.

I hereby acknowledge that I have read and fully understand the above statements as they apply to me. I hereby consent to the disclosure of the records to the purpose and extent stated above.

FULL NAME OF CLIENT Lee Edward Moore  
 Date of Birth 10-19-74  
 Social Security No. 284-74-1946  
 \_\_\_\_\_ 9-6-94  
 (Date)

PLEASE FORWARD REQUESTED INFORMATION TO: Jenny O'Donnell  
 Community Diagnostic and Treatment Center, 909 Sycamore Street, Suites 300 and 400, Cincinnati, OH 45202.

This authorization was facilitated by Jenny O'Donnell  
 (Staff member's signature)

Date 9--6-94  
 c: To be retained in Client Record

CC 0262

## LAB REPORT

001230

GRAM STAIN:		ES AND BS	
Gram Positive Cocci in Clusters		Few	Mod.
Gram Positive Cocci in Pairs and/or Chains			
Gram Positive Bacilli			
Gram Negative Diplococci			
Gram Negative Bacilli			
WBC's			
NO ORGANISMS SEEN		ANALYST:	
CULTURE:		Collected By: <i>J. DeSuhra</i> Time Collected: 1920	
NO BETA-HEMOLYTIC STREPTOCOCCUS DETECTED		<input type="checkbox"/> Urine Culture	
		<input type="checkbox"/> Clean Catch <input type="checkbox"/> Sensitivity	
		<input type="checkbox"/> Cath <input type="checkbox"/> P. aeruginosa	
		<input checked="" type="checkbox"/> Beta Strep Screen <input checked="" type="checkbox"/> Throat <input type="checkbox"/> NP	
		<input type="checkbox"/> Blood Culture & Sensitivity	
<input type="checkbox"/> Stool (Salmonella, Shigella, Campylobacter, Yersinia)		<input type="checkbox"/> GC Screen <input type="checkbox"/> Veg <input type="checkbox"/> Cx <input type="checkbox"/> Ureth <input type="checkbox"/> Red <input type="checkbox"/> Throat	
ANALYST: <i>DW</i>		SEND SEPARATE SLIP FOR EACH SQUARE CHECKED	

Children's  
Hospital Medical Center

CHART

BBP Form 0500 1/04

BACTERIAL CULTURES  
MICROBIOLOGY

BBP - Form No. 0486 12-01

0035 0795

CC 0263





MR 45026040 5 110  
 MOORE LEE E  
 421521770 M 10 19 74  
 122 9203 8 6 84  
 DR KEGLER

# EMERGENCY DEPARTMENT REGISTRATION FORM

Children's Hospital Medical Center  
 3333 Burnside Avenue • Cincinnati, Ohio 45229

Complaint or Cause of Accident  
 SWOLLEN NECK

Place/Time/Date

Patient Name

MOORE

LEE E

Arrival Time  
 0640P

Primary Source of Care  
 DR KEGLER

Who Sent You  
 SELF

Triage Person  
 LN

Triage To  
 MER

Temp

100.4

Pulse

100

Resp

32

B.P.

Weight

28.4

## HISTORY/PHYSICAL

9yo Bm. 1d hx of swollen @ neck & sore throat. No URI symptoms. Swelling @ side of neck - tender grad. & in sing throughout the day. St. hoarse speech. Low grade fever. No V/D. No cough. Neg PMHx → Does have recurrent "raspy" voice not necessarily ass w/ URI etc.

PE: Alert Bm in NAP. Skin clean. HEENT - Sore throat pharynx. Petechiae or ecchymosis. Tonsils clear. Eyes clear. Nose clear. Neck - @ side 3x2 in firm st. tender post cerv. adenopathy. Nonfluctuant 3 redness. Chest clear. CUPRT-RSAD Abdomen No HEN. No other adenopathy noted.

## LAB RESULTS AND TREATMENT

- ☐ Lyles ☐ UA  
☐ BUN ☐ UC  
☐ BS ☐ BC  
☐ Kidney Grp. ☐ Tc  
☐ CBC ☐ SC  
☐ ESR ☐ LP  
☐ X-ray ☐ Other

Parents instructed to have his hoarseness red one off med.

## DISCHARGE INSTRUCTIONS / MEDICATIONS

Cefaclor 250mg tid x10d

- ☐ Fever ☐ Diet  
☐ Antibiotics ☐ Casts  
☐ Head Injury ☐ X-Rays  
☐ Lacerations ☐ Hand Washing  
☐ Injuries

PRIVATE / CLINIC DOCTOR CALLED ☐ YES ☐ NO

FOLLOWUP CARE DOCTOR

To Keeler if not better 2d

DIAGNOSIS

Lymphadenitis

DATE

CODE

## CONDITION UPON DISCHARGE

☒ EXCELLENT

☐ GOOD

☐ FAIR

I HAVE BEEN INFORMED AND UNDERSTAND THESE INSTRUCTIONS.

Parent Signature

PHYSICIAN SIGNATURE

By Hand

## DISPOSITION

☒ HOME

☐ ADMIT

ATTENDING PHYSICIAN

SPECIALTY ☐ PEDS ☐ GEN. SURG. ☐ OTHER

ISOLATION ☐ NO ☐ YES IF YES, TYPE

FLOOR

## FOLLOW-UP

☐ Positive

culture

☐ Positive

X-Ray

☐ Patient contacted

☐ Physician contacted

Date

Signature

CONSENT: I authorize the performance of any medical or surgical procedures deemed necessary for the diagnosis and/or treatment of the above named patient.

SIGNATURE

Consent form

RELATIONSHIP

0035 0792

CC 0265

CHILDREN'S  
Bland & BethesdaHOSPITAL MEDICAL CENTER  
Cincinnati, Ohio 45229

## EMERGENCY DEPARTMENT REGISTRATION FORM

12 10 82

ENT

Complaint or Cause of Accident

Place/Time/Date

ENT SPEECH

Patient Name

Arrival Time

MOORE

LEE E

0200P

Primary Source of Care

Who Sent You

Triage Person

Triage To

FINNEYTOWN

DC

Temp.

Pulse

Resp.

B.P.

Weight

430260-D

MOORE LEE E

51621459 M 10/19/74

ENT SPEECH

TIME IN ROOM

TIME DISCHARGED

## LAB RESULTS AND TREATMENT

- ☐ Lyles      ☐ UA  
☐ BUN      ☐ UC  
☐ BS      ☐ BC  
☐ Kidney Grp.      ☐ TC  
☐ CBC      ☐ SC  
☐ ESR      ☐ LP  
☐ X-ray      ☒ Other

Stethoscope

## DISCHARGE INSTRUCTIONS / MEDICATIONS

- ☐ Fever      ☐ Diet  
☐ Antibiotics      ☐ Casts  
☐ Head Injury      ☐ X-Rays  
☐ Lacerations      ☐ Hand Washing  
☐ Injuries

Condition Upon Discharge

Date / Time

☐ Excellent    ☐ Good    ☐ Fair

Follow Up Care Doctor

Date

Diagnosis

Code

VC Nodules

4785

 I HAVE BEEN INFORMED AND UNDERSTAND  
 THESE INSTRUCTIONS.

Parent Signature

Physician Signature

## DISPOSITION

- ☐ Home  
☐ Admit  
☐ Transfer

 ADMITTING  
 PHYSICIAN  
 SPECIALTY  
 FLOOR

 CONSENT: I authorize the performance of any medical or surgical procedures  
 deemed necessary for the diagnosis and/or treatment of the above named patient.

Signature

Relationship

## FOLLOW-UP

- ☐ Patient contacted  
☐ Physician contacted

☐ Positive culture      ☐ Positive X-ray

Comments

Signature

0035 0790

CC 0266



12 10 82

CLINIC PROGRESS SHEET

51021459

430260-L 5  
MOORE LIE L  
86198774 M 10/19/74  
522 1092  
CCC1

NAME

12-10-82 EMT

- Hoxman  
- Oxympu →



(R)

(L)

Oxympu ✓

plus ✓

Wax in (R)

RT

0035 0789

CC 0267

Dear Dad

From  
Sidham  
9-26-94

What's up dad? I'm doing pretty good, I hope you are too, I really don't have too much to talk about but I do want you to know that I'm very sorry that I was not a better son, I wish I would have been, I just had a lot of problems in my life and I felt like I couldn't talk to anyone about it, like sometimes I would be sitting downstairs with you and I would want to talk to you about it but I just wouldn't, the truth is I have a problem communicating with people I don't know very well and I guess I didn't know you like I should have known you, I hope you understand what I'm saying.

I was not smoking crack, but I would ~~drink & smoke weed constantly~~ and I only did that because that was the only way I could get my mind off the problems in my life, it's like I was running from them, but since I've been locked up I have had time to think about why I turned out this way, I guess I was like a pressure cooker I had all of those feelings and problems bottled up inside of me eventually I just busted.

CC 0268

Sometimes I would even think



About how all of these problems would go away if I just killed myself, I know I didn't want to do that, but that is something I shouldn't have even been thinking about, but I have a stable mind now that I have god in my life & I'm ready to go with the punches because I know everything is all right.

Please tell Mrs. Betty that I'm sorry for not treating her better than I did, I do appreciate her because she allowed me to stay, sleep and definitely eat in her home and I know that she did not have to do any of that for me.

I wish it wouldn't have took all of this for me to come to my senses, but it did and now I have to live with it.

One more thing before I end this letter, I had quite a few pictures on my mirror & in my drawers do you think you can mail them to me? Well until next time bye!

Love  
Lee Edward Moore

From  
Shidham  
9-26-94

Dear MAMA:

I Really dont know what to say -  
So im just going to get to the  
point. I know I have been a  
big disappointment to you & Daddy but  
I want you to know that the way  
I turned out is NOT your fault  
at all, you were the best mother  
a son could have I just couldn't  
realize you were trying to make  
a good person out of me. I really  
think my downfall was acceptance  
from other kids & also drinking &  
drugs, im not blaming anyone for  
my mistakes because I should have  
been a stronger person, because I knew  
that drinking & smoking was wrong but  
all I was concerned with was being  
Accepted by kids at my school.

CC 0270

MAMA, Kids actually made my young  
life miserable. I got beat up, I got  
chased home from school all the time &  
this made me have a very low self  
esteem, in Jr. high school I was  
actually scared to ride my school  
bus home because people would take  
my hats and pick fights with me. I  
didn't have any friends at all when

I was in jr. high school Except for younger kids like Micheal across the street and Kareem around the corner.

That is why I stayed in trouble in school, being the class clown to make people laugh so I could be Accepted like other kids, but really all I was doing was Playing Myself!

By the time I got in high school things were getting a little better, I could fight now because of getting my ass kicked so much when I was younger. Excuse My French (☺)

CC 0271

Anyway I started maturing in the body but NOT in the mind & people were accepting me especially girls & I just lost my mind cause I never experienced popularity before.

Time goes on & me & my clique are like the coolest and this makes me feel very good cause we got the girls the money & the "Clout"

but one day I'm hangin with "the boys" and some guys come over with some beer & say let's get drunk and everybody says kool I Really didn't want to but I was weak & I didn't want to lose my acceptance with the clique so I drunk with them. This went on

for a while And Eventually it was a Normal Thing To drink A 40oz with The boys it became a habit & I Started Really Messing up in School but I didnt Care Cause I had "Clout" & girls And I wasNT Thinking About The Future, I didnt have a Care in The world. CC 0272

Then I Started getting in Trouble with The law. I would hide My Drinkin from you but occasionally I would Come home very drunk & Sick you Know what im Talking About & Eventually you just got fed up because I was NOT doing Nothing in School I was getting in Trouble with The law & I would Come home Drunk So you Thorough Me out and I Can understand That.

but Mama, Thats The Warst Thing you Could have done, I Started living with daddy And IT was like I was ON My own, he gave Me freedom To do what I wanted To do, I had Never had That And I wasNT Even Ready for it, but I liked it I felt like I was a grown MAN but in Reality I was a young boy with all This Freedom I didnt Need And



CC 0273

Could not control it, I spent all of my time drinking & smoking weed with the boys & no time for God & school. When I enrolled into Woodward it was like withdrawing from school completely, it was so easy to skip school & not even to go I just didn't attend, I had all this freedom I just wanted to have fun I wasn't thinking about school.

I started getting in trouble with the truant officer & they were threatening to kick me out. I did better for a minute then started slipping again & eventually dropped out. I spent all my time drinking, screwing, smoking weed & hanging with the boys "N" the hood. I hardly ever spent any time at dad's house cause I was always in the streets. I did try to enroll into the Job Corps Trade School but they wouldn't except me because of that drug charge I picked up when I was younger, then I started feeling useless & depressed.

I knew how you must have been feeling & I felt so ashamed of myself I didn't want to be around you.

I felt like There was Nothing I Could Do I had no Skills & I Couldn't Even learn one, I felt Trapped and I didn't want to work at McDonalds because I was 19 yrs old and I guess I had Too Much pride, but look where it got Me. ITS A Shame That all of This had To happen for Me To Come To My Senses & Realize I had a problem, I wish I Could have been a better Son and I AM So Sorry for disappointing Everybody but Now I Know That when All of This is over I will be A better person because I have Turned My life over To God & I have faith in him. CC 0274

I understand Everything That you Ever Tried To Teach Me AND Now I understand That you were Trying To Make Me have a good life, I just wish I Could have Seen it when I WAS younger. I AM So Sorry Any of This happened, if I Could Start From The beginning I would live My life A Totally Different way.

And as Far as Shatunda is Concerned I Don't Need her or her MAMA'S Support because I have My MAMA AND My Family's Support

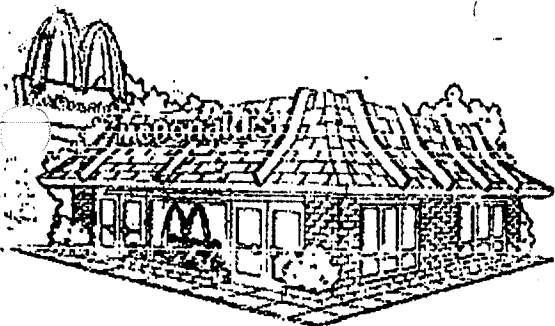
AND MOST important of all I have  
The Support of Jesus Christ AND  
Thats all I Need.

LOVE

YOUR SON  
Lee E. Moore Jr.

P.S

I Love you

**McDonald's**

Clayton Management  
8050 Hamilton Avenue  
M. Heights, Ohio 45231  
513 521-4344

*From Stidham*  
*9-26-94*

Gregory W. Clayton  
Owner/Operator

## FAX COVER SHEET

Date: AUG 3, 1994

This FAX is directed to: CHUCK R. STIDHAM  
RE: LEE MOORE

Number of pages including cover: 2

Special Instructions:

- Please call us if you had any problems receiving or if there are any pages missing.

This FAX is sent by GREG CLAYTON

CC 0276



8220 CLAYTON MANAGEMENT DBA MCCOONLIS

PERIOD END DATE 12/31/92

**1**

[illegible]

CC 0278

92

MOORE, LEE E.  
750294

				09 Jun 1	75.000	178.000	ENE	REPORT
999	16	M	10/19/74	10	27 Aug 1	1.000	1.000	ORIG ENTRY
					W 09 Oct 1	30.000	31.000	ABSENT 1.000
					R 10 Oct 1	1.000	32.000	ABSENT 1.000
					F 11 Oct 1	1.000	33.000	ABSENT 1.000
					M 14 Oct 1	1.000	34.000	ABSENT 1.000
					T 15 Oct 1	1.000	35.000	ABSENT 1.000
					W 16 Oct 1	1.000	36.000	ABSENT 1.000
					R 17 Oct 1	1.000	37.000	ABSENT 1.000
					F 18 Oct 1	1.000	38.000	ABSENT 1.000
					M 21 Oct 1	1.000	39.000	ABSENT 1.000
					T 19 Nov 1	19.000	58.000	ABSENT 1.000
					R 08 Dec 1	9.000	67.000	ABSENT 1.000
					F 06 Dec 1	1.000	68.000	ABSENT 1.000
					M 09 Dec 1	1.000	69.000	ABSENT 1.000
					T 10 Dec 1	1.000	70.000	ABSENT 1.000
					W 11 Dec 1	1.000	71.000	ABSENT 1.000
					R 12 Dec 1	1.000	72.000	ABSENT 1.000
					F 13 Dec 1	1.000	73.000	ABSENT 1.000

Ref: ATT.530 INTERIM REPORT  
Date: 7.21/92  
Time: 10:43:21

077 MT HEALTHY CITY SCHOOLS  
MT HEALTHY HIGH SCHOOL  
10TH GRADE MALE

\* Age as of  
Attendance Bay  
8-27-91 thru

Student Name	Number	School	Age	Sex	Birthday	Class	Date	Load	Membership-Days Add	Total	Description	Absence Add
							M 16 Dec	1	1.000	74.000	ABSENT	1.000
							W 18 Dec	1	2.000	76.000	ABSENT	1.000
							F 20 Dec	1	2.000	78.000	ABSENT	1.000
							M 27 Jan	1	14.000	92.000	ABSENT	1.000
							M 03 Feb	1	5.000	57.000	ABSENT	1.000
							W 12 Feb	1	7.000	104.000	ABSENT	1.000
							R 13 Feb	1	1.000	105.000	ABSENT	1.000
							F 14 Feb	1	1.000	106.000	ABSENT	1.000
							T 03 Mar	1	11.000	117.000	ABSENT	1.000
							R 05 Mar	1	2.000	119.000	ABSENT	1.000
							F 24 Apr	1	28.000	147.000	ABSENT	1.000
							W 29 Apr	1	3.000	150.000	ABSENT	1.000
							R 30 Apr	1	1.000	151.000	ABSENT	1.000
							01 May			151.000	EMPLOYMENT	
							05 Jun			151.000	END REPORT	



2046 Adams Road, Cincinnati, Ohio 45231

Guidance Office  
(513) 729-0130

## WITHDRAWAL PERMIT

PUPIL Lee Moore (750291) GRADE 9 DATE 4/17/91  
REASON EXPELLED  
AUTHORIZATION \_\_\_\_\_

*yes*  
*etc.*

PERIOD	SUBJECT	GRADE TO DATE	BOOKS RETURNED			TEACHER SIGNATURE	AMOUNT OF FEE	
			YES	NO (BOOK NO.)	N/A		OWED	REFUND
1	Meteorology	<i>F</i>			<i>✓</i>	<i>Fallen</i>	<i>⓪</i>	<i>C</i>
2	P.E. II	<i>F</i>	<i>✓</i>			<i>Tenley</i>		
3	G. Alg. I Pt. 1	<i>F</i>		<i>X 189-87</i>		<i>SAV</i>		
4	Law/Justice	<i>F</i>	<i>no</i>	<i>5-90</i>		<i>Spn.</i>		
5	English II	<i>F</i>		<i>#50</i>		<i>M. J.</i>		
6	Study Hall					<i>O. Renner</i>		

LIBRARY Overdue Books: Black Culture - Children of Allen. Rhonson  
ADMINISTRATIVE OFFICE *CSO*  
COUNSELOR *R. King*  
ATTENDANCE OFFICE *James D. Clark*  
FEES OR OBLIGATIONS *X*

I give my permission for Mt. Healthy High School to release the records of \_\_\_\_\_

Parent or Guardian Signature

*Gail*